

PLACE OF BIRTH

Gila,

ARIZONA STATE BOARD OF HEALTH

1. County of _____

District of _____

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 149

County Registrar No. _____

Local Registrar No. 237No. Blake Street, St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Dorris Jean Heron, { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes, 7. Date of birth 9 21 1925
Month Day Year8. FATHER
Full name Thomas Lyons Heron,14. MOTHER
Full maiden name Muriel Woolsey,9. Residence (Usual place of abode) Globe,
If non-resident, give place and state.15. Residence (Usual place of abode) Globe,
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 21 (Years)16. Color or race White 17. Age at last birthday 17 (Years)12. Birthplace (city or place) Tooney,
(State or country) New Mexico,18. Birthplace (city or place) Safford,
(State or country) Ariz.13. Occupation Laborer
Nature of industry19. Occupation Housewife,
Nature of industry20. Number of children of this mother { (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive, at 8 A.M. on the date above stated
(Born alive or stillborn.)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature G. E. Wright (Physician or midwife).
Address Globe, Ariz.Given name added from a supplemental report _____ Filed 9/30, 1925. W. W. Horst Local Registrar.
Month, day, year485-921-468 Registrar _____ Filed _____, 19____ County Registrar.N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC.
RECORDS RESERVED FOR BINDING